								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000									451-	2/6 170	6/5		
CLAIMS AS FILED - PART I									UTITY		OTUED	THAN	
			(Column	1)	(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			414				ſ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			니니 minus 20=		• 24			X\$ 9=		OR	X\$18=	4320	
INDEPENDENT CLAIMS .			7 minus 3 =		. 4			X40=		OR	X80=	320-	6
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				ł	+135=			+270=	220-6	
• If	the difference	in column 1 is	less than ze	ro, ente	r "0" in d	column 2	L	TOTAL	<u> </u>	OR	TOTAL	1462	
(/ / CLAIMS AS AMENDED - PART II								TOTAL		Jon	OTHER		
3/14/04 (Column 1) (Colu						mn 2) (Column 3)			ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 27	Minus	**	44	-6		X\$ 9=		OR	X\$18=		
	Independent	. 2	Minus		7	30	1	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ì	+135=			+270=		
L**										OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		OR	ADDIT. FEE		
AMENDMENT B		(Column 1) CLAIMS		HIGH		(Column 3)	г		ADDI			ADDI	
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		-	Ī	X40=		OR	X80=		
	FIRST PRESE	NTATION OF MI	JETIPLE DEF	ENDEN	CLAIM		İ	+135=		OR	+270=		
							L	TOTAL			TOTAL		
		(Column 4)		(Calu	O	(Caluma 0)	A	DDIT. FEE		Į O I V	ADDIT. FEE		
		(Column 1) CLAIMS		(Colu		(Column 3)	Г		4001			4551	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	I	X\$ 9=		OR	X\$18=	ï	
	Independent	•	Minus	***		-	ŀ	X40=		00	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							,,,,,,,,		OR	·		ĺ
+135=									OR	+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT: FEE		
	The "Highest Num	mber Previously Pa hber Previously Pa	d For" (Total o	o SPACE r Independ	is less the lent) is the	and, enter d. e highest number	fou	nd in the app	propriate box	k in col	lumn 1.		